SENATOR JON TESTER MONTANA

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the U.S. Code) before I can make an inquiry on your behalf, I must have your permission.

To avoid delays, please state in writing that I have your permission to make this inquiry and to receive any information to complete your request.

(Please print or type.)		
Date	· · · · · · · · · · · · · · · · · · ·	
Dear Jon,		
I authorize you to make inquiries to the	appropriate parties on my behalf.	
Signature		
Name (Mr. Mrs. Ms.)		
Address		
City	_StateZip	
Telephone (Home)	(Work)	
(Cell)	(Fax)	
Email		· · · · · · · · · · · · · · · · · · ·
Social Security #	File or Case #	
Please list the federal agency this request involves:		
(Se	ee back page)	

Pleas	e state your request and a brief explanation below. Attach copies of any documentation which may help resolve your request. (Please print or type.)
	(A copy of this form may be sent to the federal agency involved.)
Signature_	Date